Image# 13961138623 PAGE 1 / 15

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

	or Other Than An	Authorized Committe	e		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	
SOCIETY OF THORAC	CIC SURGEONS	POLITICAL ACTION	ON COMM	NITTEE	
ADDRESS (number and street)	20 F STREET, NW				
Check if different	SUITE 310 C				
than previously reported. (ACC)	WASHINGTON			DC	20001
2. FEC IDENTIFICATION NU	MBER ▼	CITY A	5	STATE A	ZIP CODE ▲
C C00325936			IEW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:			, ,	H .	(Non-Election Year Only)
April 15 Quarterly Report (Q	1) (2)		Jul 20 (M7)	. —	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	PRE-Election			General (
October 15 Quarterly Report (Q:	Report for th	he: Convention (Special (
January 31 Year-End Report (Yi	E)E	Election on	D D /		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electi Report for the	· ·	à)	Runoff (3	0R) Special (30S)
Termination Report (TER)	·	Election on	D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 02		013 through	M M M 02	28	2013
I certify that I have examined this	s Report and to the be	est of my knowledge and b	pelief it is tru	e, correct and	I complete.
Type or Print Name of Treasurer	·	_			·
Signature of Treasurer DR. S.	IDNEY LEVITSKY	[Electronically	Filed] D	ate 03	08 / 2013
NOTE: Submission of false, errone	ous, or incomplete inforr	mation may subject the pers	son signing th	is Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004
		<u> </u>			

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
i. (a) Cash on Hand January 1, 2013		87405.55
(b) Cash on Hand at Beginning of Reporting Period	127324.59	
(c) Total Receipts (from Line 19)	3860.00	46303.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	131184.59	133708.55
·. 1	otal Disbursements (from Line 31)	26474.45	28998.4
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	104710.14	104710.14
t	Debts and Obligations Owed TO ne Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations Owed BY ne Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

	02 01 7 2013 To:	02 28 2013
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	3500.00	42645.00
(ii) Unitemized(iii) TOTAL (add	360.00	3658.00
Lines 11(a)(i) and (ii)	3860.00	46303.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other	3860.00	46303.00
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3860.00	46303.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	3860.00	46303.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. O	perating Expenditures:) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonial Four to Date
	(i) Federal Share	0.00	0.00
	(ii) Non Fodoral Chave	0.00	0.00
(b	(ii) Non-Federal Share) Other Federal Operating	0.00	0.00
`	Expenditures	1074.45	1498.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	1074.45	1498.41
Tr	ansfers to Affiliated/Other Party	1074.40	1430.41
Ç	ommittees	0.00	0.00
Fe	ontributions to ederal Candidates/Committees nd Other Political Committees	25500.00	25500.00
	dependent Expenditures	0.00	0.00
. С	se Schedule E) pordinated Party Expenditures	0.00	0.00
(2 (u	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
Lo	pan Repayments Made	0.00	0.00
Re	pans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	-100.00	2000.00
(b	,	0.00	0.00
(c	Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	-100.00	2000.00
. Ot	ther Disbursements	0.00	0.00
Fe	ederal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·	0.00	0.00
(b	(ii) "Levin" Share) Federal Election Activity Paid Entirely	0.00	0.00
(J)	With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
_	tal Diabura arranta (add Lizzz 24/z) C2		
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	26474.45	28998.41
	otal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	26474.45	28998.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3860.00	46303.00		
4. Total Contribution Refunds (from Line 28(d))	-100.00	2000.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3960.00	44303.00		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1074.45	1498.41		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1074.45	1498.41		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		6	OF		15
(ched	(check only one)									
	11a		11b		11c		12	!		
	13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SU	IRGEONS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) DR. MARK I. BLOCK Mailing Address 401 SWEET BAY AVENUE	:	Date of Receipt
City PLANTATION FEC ID number of contributing federal political committee. Name of Employer MEMORIAL HEALTHCARE SYSTEM	State Zip Code FL 33324 C Occupation PHYSICIAN	7 Transaction ID : SA11AI.4375 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. DR. LACY HARVILLE Mailing Address 1005 GOLF VIEW LANE		Date of Receipt 02 23 2013
City KNOXVILLE FEC ID number of contributing federal political committee.	State Zip Code TN 37922	Transaction ID : SA11AI.4382 Amount of Each Receipt this Period 500.00
Name of Employer EAST TENNESSEE CV SURGERY Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. ROBERT L. HOOKER Mailing Address 2450 OKEMOS DRIVE		Date of Receipt 02 05 2013
City GRAND RAPIDS FEC ID number of contributing federal political committee.	State Zip Code MI 49506	Transaction ID: SA11AI.4314 Amount of Each Receipt this Period 500.00
Name of Employer WEST MICHIGAN CT SURGEONS Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).		1500.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

_	R LINE	_		PAGE		7	OF		15	
(check only one)										
>	11a		11b		11c		12			
	13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) DR. ROBERT J. ROBISON Mailing Address 95 SMITH LANE City State Zip Code Transaction ID: SATIALA321 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Cocupation Full Name (Last, First, Middle Initial) DR. ROBERT J. ROBISON Mailing Address 2221 STOCKTON BOULEVARD City State Zip Code SACRAMENTO CA 95817 FEC ID number of contributing federal political committee. Name of Employer C Cocupation FEC ID number of contributing federal political committee. Name of Employer C Cocupation FEC ID number of contributing federal political committee. Name of Employer C Cocupation Full Name (Last, First, Middle Initial) Full Name (Last,	or for commercial purposes, other than using	ng the name and address of any political committee to	
Date of Receipt Date of Receipt Date of Receipt	, ,	SURGEONS POLITICAL ACTION CC	MMITTEE
City State Zip Code IN 46077 FEC ID number of contributing federal political committee. Name of Employer Occupation ST. VINCENT MEDICAL GROUP PHYSICIAN Receipt For: Primary General Other (specify) ▼ 1000.00 City State Zip Code Transaction ID : SA11AL4321 Amount of Each Receipt this Period 1000.00 Date of Receipt Tor: Primary General Other (specify) ▼ 1000.00 City State Zip Code CA 95817 FEC ID number of contributing federal political committee. Name of Employer Occupation PHYSICIAN Receipt For: Primary General Other (specify) ▼ 1000.00 FEL ID number of contributing federal political committee. Aggregate Year-to-Date ▼ 1000.00 Date of Receipt this Period 1000.00 Transaction ID : SA11AL4321 Amount of Each Receipt this Period 1000.00 Date of Receipt Transaction ID : SA11AL4321 Amount of Each Receipt this Period 1000.00 Transaction ID : SA11AL4321 Amount of Each Receipt this Period 1000.00 Date of Receipt Transaction ID : SA11AL4321 Amount of Each Receipt this Period 1000.00 Date of Receipt Transaction ID : SA11AL4321 Amount of Each Receipt this Period 1000.00 Date of Receipt Transaction ID : SA11AL4321 Amount of Each Receipt this Period 1000.00 Date of Receipt Transaction ID : SA11AL4321 Amount of Each Receipt this Period 1000.00 Amount of Each Receipt	DR. ROBERT J. ROBISON		M = M / D = D / Y = Y = Y
ZIONSVILLE IN 46077 Amount of Each Receipt this Period FEC ID number of contributing electeral political committee. Name of Employer ST. VINCENT MEDICAL GROUP PHYSICIAN Receipt For: Primary General City State Zip Code SACRAMENTO CA 95817 FEC ID number of contributing federal political committee. Name of Employer Occupation City State Zip Code SACRAMENTO CA 95817 FEC ID number of contributing federal political committee. Name of Employer Occupation Cother (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) City State Zip Code Primary General City State Zip Code Cother (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) City State Zip Code City Zity Zity	City	State Zip Code	
FEC ID number of contributing federal political committee. Name of Employer ST. VINCENT MEDICAL GROUP PHYSICIAN Receipt For:			
ST. VINCENT MEDICAL GROUP Receipt For: Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) DR. J. NILAS YOUNG Mailing Address 2221 STOCKTON BOULEVARD City State Zip Code CA 95817 FEC ID number of contributing rederal political committee. Name of Employer UC DAVIS MEDICAL CENTER Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C 1000.00 Date of Receipt Transaction ID: SA11Al.4323 Amount of Each Receipt this Period Fecipl Tor: Primary General Other (specify) ▼ 1000.00 Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	•	С	
Receipt For: Primary General Other (specify) ▼ 1000.00	Name of Employer	Occupation	
Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) 3. DR. J. NILAS YOUNG Mailing Address 2221 STOCKTON BOULEVARD City State Zip Code CA 95817 FEC ID number of contributing federal political committee. Name of Employer UC DAVIS MEDICAL CENTER PHYSICIAN Receipt For: Primary General Other (specify) ▼ 1000.00 FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period Fell Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ 1000.00 FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Ca 95817 Aggregate Year-to-Date ▼ 1000.00 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ 1000.00	ST. VINCENT MEDICAL GROUP	PHYSICIAN	
Date of Receipt Mailing Address 2221 STOCKTON BOULEVARD City State Zip Code Transaction ID: SA11AL4323 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ State Zip Code FUIl Name (Last, First, Middle Initial) Date of Receipt Transaction ID: SA11AL4323 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: SA11AL4323 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period	Primary General		
City State Zip Code CA 95817 FEC ID number of contributing federal political committee. Name of Employer UC DAVIS MEDICAL CENTER Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	DR. J. NILAS YOUNG		Date of Receipt
SACRAMENTO SACRAMENTO SACRAMENTO C SACRAMENTO C SACRAMENTO C Transaction ID : SA11Al.4323 Amount of Each Receipt this Period C 1000.00 Amount of Each Receipt this Period C 1000.00 Transaction ID : SA11Al.4323 Amount of Each Receipt this Period C 1000.00 Date of Receipt Full Name (Last, First, Middle Initial) City State Zip Code Amount of Each Receipt this Period C Aggregate Year-to-Date ▼ Amount of Each Receipt this Period C Amount of Each Receipt this Period C Amount of Each Receipt this Period	Mailing Address 2221 STOCKTON BOUL	LEVARD	
SACRAMENTO CA 95817 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer UC DAVIS MEDICAL CENTER Receipt For: Primary General Other (specify) Mailing Address City State Zip Code Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Tool 0.00 Date of Receipt Amount of Each Receipt this Period Amount of Each Receipt this Period Cother (specify) Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Date of Receipt Amount of Each Receipt this Period City State Zip Code Amount of Each Receipt this Period	City	State Zip Code	
FEC ID number of contributing federal political committee. Name of Employer UC DAVIS MEDICAL CENTER Receipt For: Primary General Other (specify) Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Aggregate Year-to-Date Amount of Each Receipt this Period Aggregate Year-to-Date Amount of Each Receipt this Period Aggregate Year-to-Date Amount of Each Receipt this Period Aggregate Year-to-Date Primary General Other (specify) Other (specify) Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Other (specify) Aggregate Year-to-Date	•		
UC DAVIS MEDICAL CENTER Receipt For:	FEC ID number of contributing		
Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	UC DAVIS MEDICAL CENTER	'	
Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Primary General		
Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Full Name (Last, First, Middle Initial)		Date of Receipt
Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Mailing Address		·
FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	City	State Zip Code	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		С	7
Primary General Other (specify) ▼	Name of Employer	Occupation	
SUBTOTAL of Receipts This Page (optional)	Primary General	Aggregate Year-to-Date ▼	
	SUBTOTAL of Receipts This Page (option	al)	2000.00
		,	

S 17

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF							OE	15			
	· · · · · · · · · · · · · · · · · · ·	Llos congreto cohodulo(o)				R LINE NUMBER: PAGE 8 OF 15 leck only one)					10			
11	EMIZED DISBURSEMENTS	for each category of the			X 21b 22 23 24 25 □					26				
		Detailed	Summary Page			27	28a	\vdash	28b		28c	29		30b
Λ-	by information copied from such Reports and Staten	l nente movi	not be sold or	end hu				nur					utions	
	for commercial purposes, other than using the name													,
	NAME OF COMMITTEE (In Full)													
$ \ \rangle$	SOCIETY OF THORACIC SURGE	ONS PO	DLITICAL A	CTIC	N (CON	иміт	ΓEΕ	=					
									_					
_	Full Name (Last, First, Middle Initial)													
Α.	AMERICAN EXPRESS						Date of	of Dis	sburse	ment	:			
	Mailian Address D.O. DOV 50050						M N	/		D /	/ Y	Y Y	Y	
	Mailing Address P.O. BOX 53852						02	-	0	5		2013		
	City	State	Zip Code											
	PHOENIX	AZ	85072				Tran	sacti	ion ID	: SB	21B.43	127		
	Purpose of Disbursement				-	_								
	CREDIT CARD FEES						Amour	nt of	Each	Disbu	urseme	ent this	Perio	od
	Candidate Name				gory	/						18	9.02	П.
	Office Sought: House Disburser	nont For		Ту	/pe				7	_	7			
		Primary	General											
	President	Other (spec												
	State: District:	(0)	···•//											
	Full Name (Last, First, Middle Initial)													
В.	MERCHANT SERVICES						Date of	of Dis	sburse	ment	ſ			
							M = N	/	D	D /	/ Y	Y	- Y	
	Mailing Address 7300 CHAPMAN HIGHWAY						02		0	4		2013		
	City.	21-1-	7: Cada											
	City S KNOXVILLE	State TN	Zip Code 37920				Tran	sact	ion ID	: SB	21B.43	326		
	Purpose of Disbursement		07 020											
	CREDIT CARDS FEES			Ш.			Amour	nt of	Each	Disb	urseme	ent this	Perio	od
	Candidate Name			Cate	gory	/			-					
					/pe				7		7		9.95	
	Office Sought: House Disbursen													
		Primary	General											
	President State: District:	Other (spec	city) 🔻											
_														
C	Full Name (Last, First, Middle Initial) MERCHANT SERVICES						Date of	of Dis	shurse	ment	ł			
٥.	WERCHAINT SERVICES						M = N			D /		Y	V	
	Mailing Address 7300 CHAPMAN HIGHWAY						02	" '	1			2013	_ '	
	,	State	Zip Code				Tran	sact	ion ID	: SB	21B.43	385		
	KNOXVILLE Purpose of Disbursement	TN	37920											
	CREDIT CARDS FEES						A			Diele.			Desir	1
	Candidate Name			Code		,	Amour	ונ סו	Eacn	DISDI	urseme	ent this	Perio)a
					egory/ /pe	'						65	4.11	
	Office Sought: House Disburser	nent For:			•	\dashv			7	$\overline{}$	7		-	7
	Senate	Primary	General											
	President	Other (spec	cify) 🔻											
_	State: District:													
							т.		-	_		00	3 V6	\neg
Ls	UBTOTAL of Disbursements This Page (optional)					<u> </u>		_	7	_	7	90	3.08	
۱,	OTAL This Period (last page this line number only)													\Box
	CIAL THIS I CHOO (last page this line number only)								ARIS		(B) F		m	

S 17

SCHEDULE B (FEC Form 3X)			DAGE 0 00 10					
	Use separate schedule(s)		NUMBER: PAGE 9 OF 15					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 22 23 24 25 26					
	Detailed Suffilliary Page	27	28a 28b 28c 29 30b					
Any information copied from such Reports and Staten or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
SOCIETY OF THORACIC SURGE	ONS POLITICAL AC	CTION CC	DMMITTEE 					
Full Name (Last, First, Middle Initial) A. SUNTRUST BANK			Date of Disbursement					
A SUNTRUST BANK			M M / D D / Y Y Y Y					
Mailing Address 3440 WISCONSIN AVENUE, NW			02 21 2013					
•	State Zip Code		Transaction ID : SB21B.4386					
WASHINGTON Purpose of Disbursement	DC 20016		-					
BANK CHARGES			Amount of Each Disbursement this Period					
Candidate Name		Category/	445.00					
		Туре	145.89					
Office Sought: House Disbursen Senate	nent For: Primary General							
	Other (specify)							
State: District:	(-p)/ \							
Full Name (Last, First, Middle Initial)								
В.			Date of Disbursement					
Mailing Address			M M / D D / Y Y Y Y					
Mailing Address								
City	State Zip Code							
Purpose of Disbursement	Purpose of Disbursement							
•			Amount of Each Disbursement this Period					
Candidate Name		Category/						
Office Sought: House Disbursen	and Fam.	Туре						
	Primary General							
	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			D . (D)					
C.			Date of Disbursement					
Mailing Address			M M / D D / Y Y Y Y					
City	State Zip Code							
Purpose of Disbursement			-					
			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type						
Office Sought: House Disbursen								
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
			145.89					
SUBTOTAL of Disbursements This Page (optional)		·····•	140.03					
TOTAL This Period (last page this line number only)			1048.97					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF 1						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b					
	<u> </u>							
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)	no and address of any points	a. committee to	construction from cash committee.					
SOCIETY OF THORACIC SURGE	ONS POLITICAL AC	CTION CO	MMITTEE					
J SOCIETT OF THORAGIO SORGE	ONO I OLITIOAL A							
Full Name (Last, First, Middle Initial)								
A. BERA FOR CONGRESS			Date of Disbursement					
Mailing Address D.O. DOV 500400			M M / D D / Y Y Y Y Y					
Mailing Address P.O. BOX 582496			02 14 2013					
City	State Zip Code							
ELK GROVE	CA 95758		Transaction ID : SB23.4334					
Purpose of Disbursement CONTRIBUTION								
			Amount of Each Disbursement this Period					
Candidate Name AMERISH BERA		Category/	1000.00					
	ment For: 2014	Туре						
Senate Sadgini	Primary General							
President	Other (specify)							
State: CA District: 07	•							
Full Name (Last, First, Middle Initial)								
B. BRADY FOR CONGRESS			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address P.O. BOX 8277			02 14 2013					
City	State Zip Code							
THE WOODLANDS	TX 77387		Transaction ID: SB23.4337					
Purpose of Disbursement								
CONTRIBUTION			Amount of Each Disbursement this Period					
Candidate Name KEVIN BRADY		Category/	1500.00					
	ment For: 2014	Туре						
	Primary General							
President	Other (specify) ▼							
State: TX District: 08								
Full Name (Last, First, Middle Initial)								
C. BUCSHON FOR CONGRESS			Date of Disbursement					
M.W. All D.			M M / D D / Y Y Y Y Y					
Mailing Address P.O. BOX 250			02 14 2013					
City	State Zip Code							
NEWBURGH	IN 47629		Transaction ID: SB23.4340					
Purpose of Disbursement CONTRIBUTION								
			Amount of Each Disbursement this Period					
Candidate Name LARRY D. BUCSHON		Category/	2500.00					
	ment For: 2014	Туре	7 7 7					
Senate Saught.	Primary General							
President	Other (specify)							
State: IN District: 08	· · · · · · · · · · · · · · · · · · ·							
SUBTOTAL of Disbursements This Page (optional).			5000.00					
TOTAL This Period (last page this line number only)		1					

SC	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 OF 15		
	EMIZED DISBURSEMENTS	Use separate sched	` ' '	FOR LINE I	NOMBELL.	
111	LIVIIZED DISBURSEIVIEN IS	for each category of Detailed Summary		21b	22 🔀 23 24 25 26	
		Detailed Suffilliary	i aye	27	28a 28b 28c 29 30b	
	y information copied from such Reports and Staten					
or	for commercial purposes, other than using the name	ne and address of any	y political	committee to	solicit contributions from such committee.	
$ \setminus $	NAME OF COMMITTEE (In Full)	0110 DOLUTIO		FION 001		
[/	SOCIETY OF THORACIC SURGE	ONS POLITICA	AL AC	I ION COI	MMITTEE	
<u></u>	Full Name (Last, First, Middle Initial)					
A.	CANTOR FOR CONGRESS			Date of Disbursement		
				M M / D D / Y Y Y Y		
	Mailing Address P.O. BOX 17813				02 14 2013	
	City	State Zip Code				
	RICHMOND	VA 23226	9		Transaction ID : SB23.4346	
	Purpose of Disbursement					
	CONTRIBUTION				Amount of Each Disbursement this Period	
	Candidate Name ERIC I. CANTOR			Category/	2500.00	
		nent For: 2014		Туре		
			neral			
	President	Other (specify)				
	State: VA District: 07					
_	Full Name (Last, First, Middle Initial)				5. (5.)	
В.	DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE			IIIEE	Date of Disbursement	
	Mailing Address 430 SOUTH CAPITOL STREET, SE			02 14 2013		
	400 000111 0/11 11 02 01 11 22 11	,_				
	•	State Zip Code	е		Transaction ID : SB23.4374	
	WASHINGTON Purpose of Disbursement	DC 20003				
	CONTRIBUTION		- 16		Amount of Each Disbursement this Period	
	Candidate Name			Category/		
				Type	2500.00	
	Office Sought: House Disbursen					
	Senate President	Primary Ger Other (specify) ▼	neral			
	State: District:	Other (specify)				
	Full Name (Last, First, Middle Initial)					
C.	ENZI FOR U.S. SENATE				Date of Disbursement	
				M M / D D / Y Y Y Y		
	Mailing Address P.O. BOX 2775			02 14 2013		
	City	State Zip Code	e			
	CODY	WY 82414			Transaction ID: SB23.4362	
	Purpose of Disbursement CONTRIBUTION					
	Candidate Name		L		Amount of Each Disbursement this Period	
	MICHAEL B. ENZI		(Category/ Type	1500.00	
		nent For: 2014		.,,,,		
	∑ Senate ∑	Primary Ger	neral			
	President	Other (specify) ▼				
	State: WY District: 00					
	UBTOTAL of Disbursements This Page (optional)				6500.00	
Ľ	obioine of Dispulsements This Page (optional)					
Т	OTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	FOR LINE		NUMBER: PAGE 12 OF 15	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29	
[
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	no and address of any points	our committee to		
SOCIETY OF THORACIC SURGE	ONS POLITICAL A	CTION CO	MMITTEE	
/ SOCIETT OF THORAGIC SORGE	ONO I OLITICAL A			
Full Name (Last, First, Middle Initial)				
A. FRIENDS OF CHRIS MURPHY			Date of Disbursement	
Mailing Address D.O. DOV 407			M M / D D / Y Y Y Y	Y
Mailing Address P.O. BOX 127			02 14 2013	-
City	State Zip Code			
CHESHIRE	CT 06410		Transaction ID : SB23.4366	
Purpose of Disbursement CONTRIBUTION				
			Amount of Each Disbursement this	s Period
Candidate Name CHRISTOPHER S. MURPHY		Category/	15	00.00
	ment For: 2018	Туре		
X Senate	Primary General			
President	Other (specify) ▼			
State: CT District: 00	,, ,,			
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF JIM CLYBURN	FRIENDS OF JIM CLYBURN			
			M = M / D = D / Y = Y = Y	
Mailing Address P.O. BOX 12567			02 14 2013	
City	State Zip Code			
COLUMBIA	SC 29211		Transaction ID : SB23.4360	
Purpose of Disbursement				
CONTRIBUTION			Amount of Each Disbursement this	s Period
Candidate Name JAMES E. CLYBURN		Category/	15	500.00
	ment For: 2014	Туре		
	Primary General			
President	Other (specify) ▼			
State: SC District: 06				
Full Name (Last, First, Middle Initial)				
C. FRIENDS OF MAX BAUCUS			Date of Disbursement	
Moiling Address D.O. DOV 500			M M / D D / Y Y Y Y	Y
Mailing Address P.O. BOX 586			02 14 2013	
City	State Zip Code		T ID ODGG 1000	
HELENA	MT 59624		Transaction ID : SB23.4330	
Purpose of Disbursement CONTRIBUTION				
Candidate Name			Amount of Each Disbursement this	s Period
MAX BAUCUS		Category/	5	00.00
	ment For: 2014	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: MT District: 00	· 			
SUBTOTAL of Disbursements This Page (optional)			350	00.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Lloo concrete cohodula/a	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURG	GEONS POLITICAL A	CTION CO	MMITTEE
Full Name (Last, First, Middle Initial) A. FRIENDS OF MAX BAUCUS			Date of Disbursement
Mailing Address P.O. BOX 586			02 14 2013
City HELENA	State Zip Code MT 59624		Transaction ID : SB23.4333
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name MAX BAUCUS		Category/ Type	1000.00
Senate President	rsement For: 2014 Primary ☐ General Other (specify) ▼		
State: MT District: 00 Full Name (Last, First, Middle Initial) - HEALTHCARE FREEDOM FUND			Date of Disbursement
Mailing Address P.O. BOX 2485			02 14 2013
City SPRINGFIELD Purpose of Disbursement	State Zip Code VA 22152		Transaction ID: SB23.4372
CONTRIBUTION Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Senate President State: District:	rsement For: Primary General Other (specify)	Турс	
Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 2334			02 14 2013
City DENTON Purpose of Disbursement	State Zip Code TX 76202		Transaction ID: SB23.4343
CONTRIBUTION Candidate Name			Amount of Each Disbursement this Period
MICHAEL C. BURGESS	rsement For: 2014 Primary General	Category/ Type	1500.00
State: TX District: 26	Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional	al)	·····	4000.00
TOTAL This Period (last page this line number of	nly)		

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 14 OF 15		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Reports and State	ements may not be sold or us				
or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
$ \hspace{.06cm} \rangle$ SOCIETY OF THORACIC SURG	EONS POLITICAL A	CTION CO	MMITTEE		
Full Name (Last, First, Middle Initial)					
A. MIKE THOMPSON FOR CONGR	ESS		Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address 5429 MADISON AVENUE			02 14 2013		
City	State Zip Code				
SACRAMENTO	CA 95841		Transaction ID: SB23.4368		
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period		
Candidate Name		Catagony			
MIKE THOMPSON		Category/ Type	1500.00		
	ement For: 2014				
Senate President	Primary General				
State: CA District: 05	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. MIKULSKI FOR SENATE COMM	ITTEE		Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address P.O. BOX 13147			02 14 2013		
City	State Zip Code MD 21203		Transaction ID : SB23.4364		
BALTIMORE Purpose of Disbursement	MD 21203				
CONTRIBUTION			Amount of Each Disbursement this Period		
Candidate Name		Category/	2500.00		
BARBARA MIKULSKI Office Sought: House Disburs	ement For: 2016	Туре	2500.00		
	Primary General				
President	Other (specify)				
State: MD District: 00					
Full Name (Last, First, Middle Initial)					
SHELLEY MOORE CAPITO FOR CONGRESS			Date of Disbursement		
Mailing Address P.O. BOX 11519			02 14 2013		
City	State Zip Code		Transaction ID : SB23.4349		
CHARLESTON Purpose of Disbursement	WV 25339				
CONTRIBUTION			Amount of Each Disbursement this Period		
Candidate Name		Category/			
SHELLEY MOORE CAPITO		Type	1000.00		
Office Sought: House Disbursi	ement For: 2014 Primary General				
President	Other (specify)				
State: WV District: 02					
SUBTOTAL of Disbursements This Page (optional)		······	5000.00		
TOTAL This Davied (fast many this flow many)	٨				
TOTAL This Period (last page this line number onl	y)				

Any information copied from such Reports and Stateme or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEO Full Name (Last, First, Middle Initial) 4. UDALL FOR COLORADO	and address of any polit	21b 27 sed by any perso	22 X 23 24 25 26 29 30 on for the purpose of soliciting contributions solicit contributions from such committee.
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEO Full Name (Last, First, Middle Initial) UDALL FOR COLORADO	and address of any polit	ical committee to	solicit contributions from such committee.
SOCIETY OF THORACIC SURGEO Full Name (Last, First, Middle Initial) 4. UDALL FOR COLORADO	ONS POLITICAL A	CTION CO	
A. UDALL FOR COLORADO			MIMITIEE
			Date of Disbursement
Mailing Address P.O. BOX 40158			02 14 2013
,	ate Zip Code CO 80204		Transaction ID : SB23.4370
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name MARK E. UDALL Office Sought: House Disburseme	ant Fam. 2044	Category/ Type	1500.00
Senate Fresident	ent For: 2014 rimary General Other (specify)		
State: CO District: 00 Full Name (Last, First, Middle Initial)			
Meller Address			Date of Disbursement
Mailing Address	ata Zia Cada		
City St Purpose of Disbursement	ate Zip Code		
Candidate Name		Category/	Amount of Each Disbursement this Period
	ent For: rimary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y Y
City St	ate Zip Code		
Purpose of Disbursement Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	
	ent For: rimary General Other (specify)		
<u> </u>			1500.00
SUBTOTAL of Disbursements This Page (optional)		·····	25500.00